

State of California—Health and Human Services Agency
Department of Health Services



GRAY DAVIS
Governor

EMSA Letter: 02-A-C
02-A-R

Date Issued: March 19, 2002

TO: EMERGENCY MEDICAL SERVICES APPROPRIATION CONTACTS

SUBJECT: **REVISED EMERGENCY MEDICAL SERVICES APPROPRIATION
EXPENDITURES AND PHYSICIANS DATA REPORT FORMS**

The purpose of this letter is to notify you of changes made to the *Emergency Medical Services Appropriation (EMSA) Fiscal Year (FY) 2000-2001 and 2001-2002 Expenditures and Physicians Data Report forms*. We have revised the forms to include a line to carry over unexpended interest from one FY to the next, if applicable.

The FY 2000-2001 forms did not allow counties to carry forward interest, because EMSA funds were only appropriated for one year. Given that the Legislature appropriated funds for FY 2001-2002, it was necessary to revise the forms and add a line for counties to carry over unexpended interest from FY 2000-2001 forward. However, it is important to stress that pending notification of the availability of EMSA funds for FY 2002-2003, counties should make every effort to expend all interest carried over and earned in the current FY.

Please go to the Office of County Health Services website to obtain the revised forms. The Report forms can be viewed under EMSA County Letters at <http://www.dhs.ca.gov/hisp/ochs/pss/EMSA/index.htm> in Microsoft Word/Excel or Adobe Acrobat. To assist you in completing the forms, we have inserted formula-driven cells and general comments into the [Excel file](#). These comments have been taken from the instructions and are indicated by a red triangle in the upper, right-hand corner of the cell. Once you have completed all necessary forms and obtained your county's



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www.consumerenergycenter.org/flex/index.html

1800 THIRD STREET, ROOM 100, P.O. Box 942732, SACRAMENTO, CA, 94234-7320
(916) 322-1086

Internet Address: www.dhs.ca.gov

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auditor-controller's signature, please mail your county's *FY 2000-2001 Final EMSA Expenditures and Physicians Data Report* by April 15, 2002, to the following address:

Department of Health Services
Office of County Health Services
Attention: County Health Services Unit
1800 Third Street, Room 100
P.O. Box 942732
Sacramento, CA 94234-7320

If you have any questions regarding the forms, please call your County Health Services Analyst at (916) 322-1086.

Sincerely,

ORIGINAL SIGNED BY SUSAN OSFELD FOR

Terry Trinidad, Chief
County Health Services Unit

Enclosures

cc: George B. (Peter) Abbott, M.D., M.P.H., Chief
Office of County Health Services
Department of Health Services
1800 Third Street, Room 100
P.O. Box 942732
Sacramento, CA 94234-7320

Mr. Michael Dimmit
Budget Consultant
Assembly Budget Committee
State Capitol, Room 6026
Sacramento, CA 95814

Ms. Eileen Eastman
Executive Secretary
California Conference of
Local Health Officers
Department of Health Services
714 P Street, Room 1292
Sacramento, CA 95814

cc: Ms. Lisa Folberg
Fiscal and Policy Analyst
Legislative Analyst's Office
925 L Street, Suite 1000
Sacramento, CA 95814

Mr. Greg Franklin
Deputy Director
Health Information and
Strategic Planning
Department of Health Services
1800 Third Street, Room 100
P.O. Box 942732
Sacramento, CA 94234-7320

Ms. Kimberly Gates
Assistant Secretary
California Health and Human
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1600 Ninth Street, Room 460
Sacramento, CA 95814

Ms. Angela Gilliard
Legislative Advocate
Western Center on Law and
Poverty, Inc.
1225 Eighth Street, Suite 415
Sacramento, CA 95814-4879

Mr. Patrick Kemp
Principal Program Budget Analyst
Health and Human Services Unit
Department of Finance
925 L Street, Ninth Floor
Sacramento, CA 95814

Mr. Don Maddy
Chief Legislative Advocate
Research and Health Policy
California Healthcare Association
1215 K Street, Suite 800
Sacramento, CA 95814

Ms. Charleen Milburn
Managing Director
California Medical Association
1201 K Street, Suite 1050
Sacramento, CA 95814

Mr. Santiago Munoz, Director
Finance Policy
California Association of Public
Hospitals and Health Systems
2000 Center Street, Suite 308
Berkeley, CA 94704

Mr. Dwight Nelsen
Senior Staff Counsel
Office of Legal Services
Department of Health Services
714 P Street, Room 1216
Sacramento, CA 95814

Ms. Caitlin O'Halloran
Legislative Representative
Health and Human Services
California State Association
of Counties
1100 K Street, Suite 101
Sacramento, CA 95814

Mr. Bruce Pomer
Executive Director
Health Officers Association
of California
1100 11th Street, Suite 321
Sacramento, CA 95814

Ms. Judith Reigel
Executive Officer
County Health Executives
Association of California
1127 11th Street, Suite 309
Sacramento, CA 95814

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cc: Ms. Mickey Richie
Intergovernmental Liaison
Office of the Director
Department of Health Services
714 P Street, Room 1253
Sacramento, CA 95814

Ms. Diane Van Maren
Senior Consultant
Senate Budget and Fiscal
Review Committee
State Capitol, Room 5019
Sacramento, CA 95814

Auditor-Controller Contacts

Board of Supervisors Contacts

Health Officer Contacts

**Expenditures and Physicians Data Report
Emergency Medical Services Appropriation (EMSA)
Fiscal Year 2000-01**

Instructions

Please use the following instructions when completing the financial statement of the Expenditures and Physicians Data Report:

1. Indicate the county's name in the heading of the report.
2. Indicate by check if the report is a Progress Report or Final Report.
3. FINANCIAL STATEMENT
 - A. INCOME
 1. MONIES RECEIVED PURSUANT TO SB 2132 SECTION (1)(c) and (d). The total EMSA monies received from the Hospital Services Account (HSA) and the Physician Services Account/Unallocated Account (PSA/UA) for FY 2000-01.
 2. INTEREST EARNED IN FY 2000-01. Amount of interest earned for HSA and PSA/UA.
 3. TOTAL INCOME. The sum of A1 and A2 for HSA and PSA/UA.
 - B. EXPENDITURES
 1. EXPENDITURES FOR EMSA. Expenditures for services provided from July 1, 2000 through June 30, 2001 for HSA and PSA/UA.
 2. EXPENDITURES FOR ADMINISTRATIVE COSTS. County administrative costs attributable to the administration of EMSA for FY 2000-01 shall not exceed ten percent (10%) of HSA and PSA/UA.
 3. INTEREST TRANSFERRED TO FY 2001-02. Amount of interest transferred to FY 2001-02.
 4. TOTAL EXPENDITURES. The sum of B1, B2, and B3 for HSA and PSA/UA.
 - C. MONIES RECOVERED AND NOT EXPENDED. FY 2000-01 funds previously expended and subsequently recovered by the County for HSA and/or PSA/UA.
 - D. ENDING BALANCE. Subtract Total Expenditures from Income and add Recovered Monies (A3-B4+C) for HSA and/or PSA/UA.
 - E. AMOUNT RETURNED TO STATE. EMSA monies including interest earned not expended by the County and returned to the State for HSA and/or PSA/UA.
4. CERTIFICATION

The Report requires signature by the county auditor controller certifying the Report's accuracy. Supporting documentation shall be available for State review.

**EXPENDITURES AND PHYSICIANS DATA REPORT
EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA)
FISCAL YEAR 2000-01
(JULY 1, 2000 THROUGH JUNE 30, 2001)**

COUNTY OF _____

Please check one:

☐ Progress Report - due November 15, 2001
(As of October 15, 2001)

☐ Final Report - due April 15, 2002
(As of March 15, 2002)

I. FINANCIAL STATEMENT

A. INCOME

1. MONIES RECEIVED PURSUANT TO SB 2132
SECTION (1) (c) AND (d).

2. INTEREST EARNED FY 2000-01

3. TOTAL INCOME (A1 + A2)

B. EXPENDITURES

1. EXPENDITURES FOR EMSA*

2. EXPENDITURES FOR ADMINISTRATIVE COSTS

3. INTEREST TRANSFERRED TO FY 2001-02

4. TOTAL EXPENDITURES (B1+B2+B3)

C. MONIES RECOVERED AND NOT EXPENDED

D. ENDING BALANCE (A3-B4+C)

E. AMOUNT RETURNED TO THE STATE

HSA

PSA/UA

II. CERTIFICATION

I HEREBY CERTIFY THE ACCURACY OF THE EXPENDITURES AND PHYSICIANS DATA REPORT AND THAT SUPPORTING DOCUMENTATION IS AVAILABLE FOR STATE REVIEW.

AUDITOR CONTROLLER SIGNATURE: _____

DATE: _____ TELEPHONE NUMBER: _____

*** Only emergency services are reimbursable. Nonemergency OB/GYN and pediatric services are excluded.**

This report is only required of those counties administering EMSA.

Expenditures must equal the total amount paid as reported in the utilization data on Page 2.

**EXPENDITURES AND PHYSICIANS DATA REPORT
EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA)
FISCAL YEAR 2000-01
(JULY 1, 2000 THROUGH JUNE 30, 2001)**

COUNTY OF _____

Please check one:

☐ Progress Report - due November 15, 2001
(As of October 15, 2001)

☐ Final Report - due April 15, 2002
(As of March 15, 2002)

HSA EMSA	# of Claims Received	Amount Billed	# of Claims Paid	Amount Paid

PSA/UA EMSA	# of Claims Received	Amount Billed	# of Claims Paid	Amount Paid

Please use the following instructions to complete the Expenditures and Physicians Data Report:

1. Indicate the county's name in the heading of the report.
2. Indicate by check if the Progress Report is the 1st or Final.
3. For each column indicate the # of claims received, amount billed, # of claims paid, and the total amount paid for HSA and PSA/UA.

**Expenditures and Physicians Data Report
Emergency Medical Services Appropriation (EMSA)
Fiscal Year 2001-02**

Instructions

Please use the following instructions when completing the financial statement of the Expenditures and Physicians Data Report.

1. Indicate the county's name in the heading of the report.
2. Indicate by check if the report is a Progress Report or Final Report.
3. FINANCIAL STATEMENT
 - A. INCOME
 1. MONIES RECEIVED PURSUANT TO AB 430 SECTION 58 (c) and (d). The total EMSA monies received from the Hospital Services Account (HSA) and the Physician Services Account/Unallocated Account (PSA/UA) for FY 2001-02.
 2. INTEREST EARNED IN FY 2001-02. Amount of interest earned for HSA and PSA/UA.
 3. INTEREST CARRIED OVER FROM FY 2000-01. Amount of interest carried over from FY 2000-01.
 4. TOTAL INCOME. The sum of A1, A2, and A3 for HSA and PSA/UA.
 - B. EXPENDITURES
 1. EXPENDITURES FOR EMSA. Expenditures for services provided from July 1, 2001 through June 30, 2002 for HSA and PSA/UA.
 2. EXPENDITURES FOR ADMINISTRATIVE COSTS. County administrative costs attributable to the administration of EMSA for FY 2001-02 shall not exceed ten percent (10%) of HSA and PSA/UA.
 3. INTEREST TRANSFERRED TO FY 2002-03. Amount of interest transferred to FY 2002-03.
 4. TOTAL EXPENDITURES. The sum of B1, B2, and B3 for HSA and PSA/UA.
 - C. MONIES RECOVERED AND NOT EXPENDED. FY 2001-02 funds previously expended and subsequently recovered by the County for HSA and/or PSA/UA.
 - D. ENDING BALANCE. Subtract Total Expenditures from Income and add Recovered Monies (A4-B4+C) for HSA and/or PSA/UA.
 - E. AMOUNT RETURNED TO STATE. EMSA monies including interest earned not expended by the County and returned to the State for HSA and/or PSA/UA.
4. CERTIFICATION

The Report requires signature by the county auditor controller certifying the Report's accuracy. Supporting documentation shall be available for State review.

**EXPENDITURES AND PHYSICIANS DATA REPORT
EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA)
FISCAL YEAR 2001-02
(JULY 1, 2001 THROUGH JUNE 30, 2002)**

COUNTY OF _____

Please check one:

☐ Progress Report - due November 15, 2002
(As of October 15, 2002)

☐ Final Report - due April 15, 2003
(As of March 15, 2003)

I. FINANCIAL STATEMENT

	<u>HSA</u>	<u>PSA/UA</u>
A. INCOME		
1. MONIES RECEIVED PURSUANT TO AB 430 SECTION 58 (c) AND (d).	_____	_____
2. INTEREST EARNED FY 2001-02	_____	_____
3. INTEREST CARRIED OVER FROM FY 2000-01	_____	_____
4. TOTAL INCOME (A1+A2+A3)	=====	=====
B. EXPENDITURES		
1. EXPENDITURES FOR EMSA*	_____	_____
2. EXPENDITURES FOR ADMINISTRATIVE COSTS	_____	_____
3. INTEREST TRANSFERRED TO FY 2002-03 **	_____	_____
4. TOTAL EXPENDITURES (B1+B2+B3)	=====	=====
C. MONIES RECOVERED AND NOT EXPENDED	_____	_____
D. ENDING BALANCE (A4-B4+C)	=====	=====
E. AMOUNT RETURNED TO THE STATE	_____	_____

II. CERTIFICATION

I HEREBY CERTIFY THE ACCURACY OF THE EXPENDITURES AND PHYSICIANS DATA REPORT AND THAT SUPPORTING DOCUMENTATION IS AVAILABLE FOR STATE REVIEW.

AUDITOR CONTROLLER SIGNATURE: _____

DATE: _____ TELEPHONE NUMBER: _____

*** Only emergency services are reimbursable. Nonemergency OB/GYN and pediatric services are excluded.**

****Does not apply if appropriation ends after FY 2001-02.**

This report is only required of those counties administering EMSA.

Expenditures must equal the total amount paid as reported in the utilization data on Page 2.

**EXPENDITURES AND PHYSICIANS DATA REPORT
EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA)
FISCAL YEAR 2001-02
(JULY 1, 2001 THROUGH JUNE 30, 2002)**

COUNTY OF _____

Please check one:

☐ Progress Report - due November 15, 2002
(As of October 15, 2002)

☐ Final Report - due April 15, 2003
(As of March 15, 2003)

HSA EMSA	# of Claims Received	Amount Billed	# of Claims Paid	Amount Paid

PSA/UA EMSA	# of Claims Received	Amount Billed	# of Claims Paid	Amount Paid

Please use the following instructions to complete the Expenditures and Physicians Data Report:

1. Indicate the county's name in the heading of the report.
2. Indicate by check if the Progress Report is the 1st or Final.
3. For each column indicate the # of claims received, amount billed, # of claims paid, and the total amount paid for HSA and PSA/UA.